

PROGRESS SHEET – APPLICATION FOR CHANGE/TRANSFER

SUBJECT TO REAL ESTATE EXCISE TAX? YES ☐ NO ☐

NAME: **Martin Creek Community Association**

P.O. Box 943, Kettle Falls, WA 99141

509-738-2620

michele moffitt martin creek association@gmail.com

☐ ASSIGNED (SEE BACK OF PAGE)

Copies scanned & e-mailed to Department of Revenue:

Date: _____

Initial: _____

Chg. Application ROE/ROD Assignment

APP. NO. G3-29314	PERMIT NO. G3-29314P	CERT. NO.	CERT. OF CHANGE NO(S)
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FERRY COUNTY

WRIA

58

*Super Permit
5483736*

WRTS No. CG3-29314

ID No. *4925156*

PURPOSE OF APPLICATION: **Add points of withdrawal**

Date Application received: **8-29-2011**

Date fee received: **8-29-2011**

Amount: **\$50.00**

Statement of additional exam sent: _____ Date fee received: _____ Amount: \$ _____

Returned for completion or correction:

Received:

☒ Application mapped by: *AD* date: *7-27-2011*

PUBLICATION:

Newspaper: Republic News-Miner

OK'd by: *11-3-2011*

Date Notice Sent _____

Date Affidavit received: *1-18-2012*

Time expires: *12-11-2011*

Checked by: *K. Ryf*

Date: *2-6-2012*

☐ Protests: _____

☐ Fee rcvd _____

SEPA REQUIRED: ☐ YES ☒ NO - EXEMPT *50gpm*

Checklist requested by: _____ date: _____ note: _____

Checklist fwd to SEPA project manager by: _____ date: _____

FIELD EXAMINATION REQUIRED:

☐ YES

☐ NO

Examination by: _____ date: _____

☐ ROE map checked by: _____ date: _____

*Superseding Permit
issued 11-7-2012*

BC due: _____

BC rcvd: _____ ext: _____

CC due: _____

CC rcvd: _____ ext: _____

PA due: _____

PA rcvd: _____ ext: _____

PA FIELD EXAMINATION REQUIRED – DATE: _____ BY: _____

Date OK'd for CHANGE/TRANSFER: _____ By: _____

☐ Chg-ROE map checked by: _____ Date: _____

*Statement of Fee Sent: _____ Fee Received: _____

*Cert. Of Change ONLY

Date CHANGE ROE ISSUED: *9/6/12* No. _____

Change/Transfer Application to be processed by County Water Conservancy Board

ROD received: 45 day review period ends: Review Period Extended to: Ecy Decision Mailed:

Interested parties:

- Health, Eastern Drinking Water Operations, Washington State Department of Health, 1500 W 4th Ave Suite 305, Spokane, Washington 99204
- Department of Archaeology & Historic Preservation; P.O. Box 48343, Olympia, Washington 98504-8343; attn: Gretchen.kachler@dahp.wa.gov
- Colville Confederated Tribe, P.O. Box 150, Nespelem, Washington 99155; Attn Lois Trevino
- Spokane Tribe, P.O. Box 100, Wellpinit, Washington 99040
- Tri-County Economic Development District, 986 S Main, Ste A, Colville, WA 99114 c/o Mallory Connoer, mconnor@teddonline.com

AD = App. Map 11-3-11

ASSIGNMENT INFO:**SUBJECT TO REAL ESTATE EXCISE TAX****Assignment received:** _____**Assignment approved:** _____

Assignee: _____

Address: _____

Phone #: _____

☐ Mailed assignee copy of current App/ROE date: _____**Submitted to Department of Revenue**

Date: _____

Initial: _____

Assignment received: _____**Assignment approved:** _____

Assignee: _____

Address: _____

Phone #: _____

☐ Mailed assignee copy of current App/ROE date: _____**Submitted to Department of Revenue**

Date: _____

Initial: _____

Assignment received: _____**Assignment approved:** _____

Assignee: _____

Address: _____

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Assignee: _____

Address: _____

Phone #: _____

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Date: _____

Initial: _____